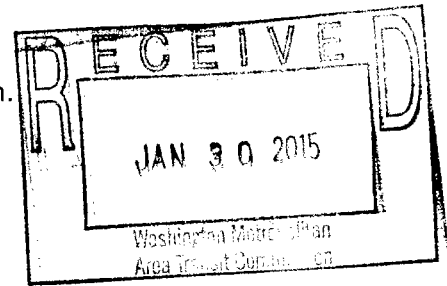


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1964 City Trips Limited Liability Company

*WMATC No. *Name of Carrier (as shown on certificate of authority)

10514 Calumet Drive Apt./Suite Silver Spring MD 20901-4608
*Street Address of Principal Place of Business

Mailing Address (if different from street address) Apt./Suite City State Zip

(301) 346-5811 citytrips21@gmail.com

*Telephone Other Telephone Fax E-mail

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No. DCTC No. Virginia DMV passenger carrier No. Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Joseph Y Mokeria CEO/President

*Name *Title

(301) 346-5811 citytrips21@gmail.com

*Telephone Other Telephone Fax E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

~~Daynes Solomon~~ ~~301-346-5811~~ ~~Citytrips21@gmail.com~~
Name of Registered Agent for Service of Process Telephone E-mail

~~10514 Calumet Dr~~ ~~Silver Spring~~ ~~MD~~ ~~20901~~
Agent Address (must be inside Metropolitan District) Apt./Suite City State Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

N/A

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
1	2008	Lincoln Town Car	2LNHM82W38X651039	53081B	MD	8	NO
2	2011	Lincoln MKT	2LMHJ5AT7BBJ50193	56489B	MD	7	NO
3	2012	Suburban Chavvy	1GN5CJED4CR270676	57162B	MD	7	NO
4	2012	CHRYSLER 300	2C3CCACG5CH277394	57875B	MD	8	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Baynes Solomon
*Name (type or print)

Baynes
*Signature

Representative
*Title (not required for sole proprietors)

01/30/15
*Date